AVAILABLE COPY

CLAIMS ONLY

Application Number	Filing Date
09/610116	

Applicant(s)

12-30-04

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			/				51						
2			X	X			52						
3			X	X			53						
4			X	X			54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
9				/			59						
10				/			60						
11			/				61						
12			X	X			62						
13			X	X			63						
14				/			64						
15				/			65						
16				/			66						
17			/				67						
18				/			68						
19				/			69						
20				/			70						
21				/			71						
22				/			72						
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26				/			76						
27				/			77						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			3				Total Indep						
Total Depend			20				Total Depend						
Total Claims			24				Total Claims						